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VIA FACSIMILE NO.: 571-273-8300PATENT
RAP04 P-647A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Confirmation No. : 1408
Group : 3651
Examiner : Mark A. Deuble
Applicants : Phillip J. Gilmore and Shenghong Yang
Serial No. : 10/707,409
Filing Date : December 11, 2003
For : EXTENDABLE BELT CONVEYOR
Atty Docket No. : RAP04 P-647A
Customer No. : 28101

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. RESPONSE (16 pages)
2. PETITION AND FEE FOR EXTENSION OF TIME form (1 page, in duplicate)
3. CLAIMS AS AMENDED form (1 page, in duplicate)

YOU SHOULD RECEIVE A TOTAL OF TWENTY-ONE (21) PAGES.

Dated: November 21, 2005.

Donna J. Raaymakers
Donna J. Raaymakers
Van Dyke, Gardner, Linn & Burkhart, LLP
2851 Charlevoix Drive, S.E., Suite 207
Post Office Box 888695
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FSB:djr
RAP04 P-647A

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 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity	Other Than a Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee
Total Claims	* 49	Minus	** 49	= 0	x \$ 25	\$ -
Independent Claims	* 2	Minus	*** 5	= 0	x \$100	\$ -
First Presentation of Multiple Dependent Claims \$180					\$ -	x \$360
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ -	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
- No additional fee is required.
- A check in the amount of \$ _____ is attached.
- Please charge any fees due to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

By:

Frederick S. Burkhardt
 Registration No. 29 288
 P.O. Box 888695
 Grand Rapids, Michigan 49588-8695
 (616) 988-4104

Dated: November 21, 2005.

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	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate
Total Claims	* 49	Minus	** 49	= 0	x \$ 25	\$ -	x \$ 50
Independent Claims	* 2	Minus	*** 5	= 0	x \$100	\$ -	x \$200
First Presentation of Multiple Dependent Claims \$180						\$ -	x \$360
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ -	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

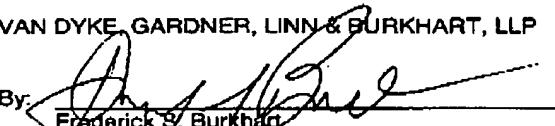
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